



Professional Fund-raiser

Initial registration statement

Return to: Missouri Attorney General's Office
Attention: Kimberly Haddix
PO Box 899
Jefferson City, MO 65102

ENCLOSE
\$50 FEE

MISSOURI ATTORNEY GENERAL
JEREMIAH W. (JAY) NIXON

573-751-3321
www.moago.org

PROFESSIONAL FUND-RAISER INFORMATION

OFFICIAL NAME _____ OTHER NAMES USED (DBAs) _____

PRINCIPLE PLACE OF BUSINESS ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE () _____

ADDRESS AND PHONE OF EACH SOLICITATION LOCATION IN MISSOURI

ADDRESS _____ CITY _____ MO _____ ZIP _____ PHONE () _____
ADDRESS _____ CITY _____ MO _____ ZIP _____ PHONE () _____

NAME, ADDRESS, AND PHONE OF EACH GOVERNMENTAL AGENCY REGISTERED WITH DURING PAST THREE YEARS

NAME _____ PHONE () _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS ENTITY (CHECK ONE OF FOUR BOXES)

☐

CORPORATION (Attach articles of incorporation)

List officers' and directors' names, positions, phones and home addresses

NAME _____ POSITION _____ PHONE () _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
NAME _____ POSITION _____ PHONE () _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
NAME _____ POSITION _____ PHONE () _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
NAME _____ POSITION _____ PHONE () _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME, ADDRESS AND PHONE OF CORPORATION'S REGISTERED AGENT

NAME _____ POSITION _____ PHONE () _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

PROFESSIONAL FUND-RAISER INFORMATION**TYPE OF BUSINESS ENTITY (CONTINUED)**

☐ **PARTNERSHIP** (Attach partnership agreement)
List partners' names, phones and home addresses

NAME	()	—	PHONE
ADDRESS	CITY	STATE	ZIP
NAME	()	—	PHONE
ADDRESS	CITY	STATE	ZIP
NAME	()	—	PHONE
ADDRESS	CITY	STATE	ZIP
NAME	()	—	PHONE
ADDRESS	CITY	STATE	ZIP

NAME, ADDRESS, PHONE, INTEREST AMOUNT OF THOSE OWNING AT LEAST 10 PERCENT OF ORGANIZATION

OWNER'S NAME	()	—	PHONE	INTEREST OWNED (%)
ADDRESS	CITY	STATE	ZIP	

☐ **SOLE PROPRIETORSHIP**

☐ **OTHER** (explain) _____

SOLICITATION INFORMATION**NAME, ADDRESS AND PHONE OF ORGANIZATIONS FOR WHICH FUND-RAISER SOLICITED IN PAST 5 YEARS** (include current clients)

NAME	()	—	PHONE
ADDRESS	CITY	STATE	ZIP
NAME	()	—	PHONE
ADDRESS	CITY	STATE	ZIP

**HOW FUND-RAISER
WILL BE PAID**

SOLICITATION INFORMATION

Types of solicitation programs used (such as personal contact, direct mail, radio and TV commercials or newspaper ads).
Enclose all written sales presentations, ads, phone scripts or other solicitations.

FINANCIAL INSTITUTIONS, ADDRESSES, PHONES AND ACCOUNT NAMES INTO WHICH ALL FUNDS WILL BE DEPOSITED

INSTITUTION _____	ACCOUNT NAME _____	() — PHONE _____
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ADDRESS _____	CITY _____	STATE ZIP _____
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INSTITUTION _____	ACCOUNT NAME _____	() — PHONE _____
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ADDRESS _____	CITY _____	STATE ZIP _____
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WHAT CONSUMERS WILL BE TOLD ABOUT THE CHARITY AND HOW THE FUNDS WILL BE USED**PROFESSIONAL FUND-RAISER AND CHARITABLE ORGANIZATION BACKGROUND CHECK**

**HAS A LICENSE OR
PERMIT TO SOLICIT
FUNDS EVER BEEN
DENIED OR
REVOKED?**

☐ NO ☐ YES

If “yes,” explain in detail:

Location of action _____ Date of action _____
(MM-DD-YY)

Governmental agency bringing action _____

Reason for action _____

**HAS A GOVERNMENTAL
AGENCY ENJOINED
OR PROHIBITED
YOUR ORGANIZATION
OR CHARITABLE
CLIENT FROM
SOLICITING?**

☐ NO ☐ YES

If “yes,” explain in detail:

Location of action _____ Date of action _____
(MM-DD-YY)

Agency bringing action _____

Reason for action _____

**HAVE ANY OFFICERS,
DIRECTORS,
INDIVIDUAL
FUND-RAISERS OR
OWNERS OF AT LEAST
10% OF THE CHARITY
BEEN CONVICTED
OF A FELONY?**

☐ NO ☐ YES

If “yes,” explain in detail: _____

VERIFICATION

State _____)
County _____) SS.

_____ being duly sworn deposes and says, that s/he has made the foregoing professional fund-raiser's registration statement, as required by section 407.462, RSMo; that s/he has read the foregoing registration statement and knows the contents thereof; that s/he is authorized to verify the foregoing registration statement; and that the foregoing registration statement is true to her/his own knowledge; and that the foregoing registration statement was made for the purpose of complying with the requirements of sections 407.450 through 407.478, RSMo.

SIGNATURE

Subscribed and sworn to before me, this _____ day of

_____, 20 ____

_____ (Notary Public)

Enclose \$50 check for registration fee. Make check payable to "Missouri Merchandising Practices Fund" and return to:

Missouri Attorney General's Office
Attention: Kimberly Haddix
PO Box 899
Jefferson City, MO 65102